



PTO/SB/22 (08-03)

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>	<b>Docket Number (Optional)</b> 00287S-004820US
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In re Application of PHILIP S. GREEN	
Application Number 08/709,930	Filed September 9, 1996
For SURGICAL SYSTEM	
Art Unit 2786	Examiner GARLAND, STEVEN

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |  |       |
|--|-------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))               | \$    |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))              | \$    |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$950 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))             | \$    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))             | \$    |

- ☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 475.
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.

I have enclosed a duplicate copy of this sheet.

- I am the ☐ applicant/inventor.
- ☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ attorney or agent of record.. Registration Number 36,443
- ☐ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a). \_\_\_\_\_

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

12/17/2003

Date

Signature

Mark D. Barrish, Reg. No. 36,443

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.